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U.S.PTO22278 U.S.PTO
10768762

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new non-provisional applications under 37CFR§1.53(b))

Attorney Docket No.	TAL:8460.0002
First Inventor	Dunsmore
Title	A MEDICAL DEVICE HAVING A SMOOTH, HARDENED SURFACE
Express Mail Label No.	EV 307269665 US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

- | | | |
|--|--|---|
| 1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g. PTO/SB/17)
<i>(Submit an original and a duplicate for fee processing)</i> | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table, or Computer Program (Appendix) | |
| 2. <input type="checkbox"/> Applicant claims small entity status
<i>See 37 C.F.R. 1.27</i> | 8. Nucleotide and/or Amino Acid Sequence Submission
<i>(if applicable, all necessary)</i> | |
| 3. <input checked="" type="checkbox"/> Specification [Total pages 15] | a. <input type="checkbox"/> Computer Readable Form (CRF) | |
| <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive Title of the Invention - Cross References to Related Applications - Statement Regarding Federally Sponsored R&D - Reference to sequence listing, a table or a computer program listing - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the Disclosure | | |
| 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 6] | b. <input type="checkbox"/> Specification Sequence Listing on <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies) or ii. <input type="checkbox"/> paper | |
| 5. Oath or Declaration [Total Sheets 4] | c. <input type="checkbox"/> Statement verifying identity of above copies | |
| a. <input checked="" type="checkbox"/> Newly executed (original or copy)
b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d))
<i>(for continuation/divisional with Box 17 completed)</i> <ul style="list-style-type: none"> I. <input type="checkbox"/> <u>Deletion of Inventor(s)</u>
 Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§1.53(d)(2) and 1.33(b) | | |
| 6. <input type="checkbox"/> Application Data Sheet. See 37 C.F.R. 1.76 | 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) | |
| | | 10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney
<i>(when there is an assignee)</i> |
| | | 11. <input type="checkbox"/> English translation document (<i>if applicable</i>) |
| | | 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS) /PTO SB08 <input checked="" type="checkbox"/> Copies of IDS Citations |
| | | 13. <input type="checkbox"/> Preliminary Amendment |
| | | 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
<i>(should be specifically itemized)</i> |
| | | 15. <input type="checkbox"/> Certified Copy of Priority Document(s)
<i>(if foreign priority is claimed)</i> |
| | | 16. <input type="checkbox"/> Nonpublication Request under 35 USC 122 (b)(2)(B)(i).
Applicant must attach form PTO/SB/35 or its equivalent. |
| | | 17. <input type="checkbox"/> Other |

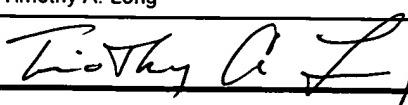
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 C.F.R. 1.76.

 Continuation Divisional Continuation-in-part (CIP) of prior application No.: /

Prior application information: Examiner _____ Group No./Art Unit _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number:	00152	or <input type="checkbox"/> Correspondence address below	
Name	Chernoff Vilhauer McClung & Stenzel, L.L.P.		
Address	1600 ODS Tower, 601 SW Second Avenue		
City	Portland	State	OR
Country	USA	Telephone	503.227.5631
Name (print/ type)	Timothy A. Long	Registration No. (Attorney/Agent)	28,876
Signature			Date
			January 29, 2004

FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37CFR 1.27

TOTAL AMOUNT OF PAYMENT \$1,022

Complete If Known	
Application Number	
Filing Date	(herewith)
First Named Inventor	Dunsmore
Examiner Name	

Art Unit

Attorney Docket No. TAL:8460.0002

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account

Deposit Account Number 03-1550

Deposit Account Name Chernoff Vilhauer McClung & Stenzel

The Commissioner is authorized to:(check all that apply)

- Charge fees indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge any fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Code (\$)	Code (\$)		
1001 750	2001 375	Utility filing fee	750
1002 330	2002 165	Design filing fee	
1003 520	2003 260	Plant filing fee	
1004 750	2004 375	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1)			\$750

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	-	20	**=	6 x	18	=	108	Extra Claims		Fee from below	Fee Paid
Indep. Claims	-	4	**=	1 x	84	=	84				
Multiple Dependent											
Large Entity		Small Entity		Fee Description							
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)								
1202 18	2202	9	Claims in excess of 20								
1201 84	2201	42	Independent claims in excess of 3								
1203 280	2203	140	Multiple dependent claim, if not paid								
1204 84	2204	42	**Reissue independent claims over original patent								
1205 18	2205	9	*Reissue claims in excess of 20 and over original patent								
		SUBTOTAL (2)			\$192						

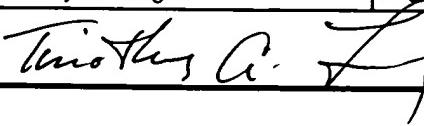
**or number of previously paid, if greater. For reissues, see above.

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1051 130	2051	65 Surcharge - late filing fee or oath	
1052 50	2052	25 Surcharge-late provisional filing fee or cover sheet	
1053 130	1053	130 Non-English specification	
1812 2,520	1812	2,520 For filing a request for ex parte reexamination	
1804 920*	1804	920* Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805	1,840* Requesting publication of SIR after Examiner action	
1251 110	2251	55 Extension for reply within first month	
1252 410	2252	205 Extension for reply within second month	
1253 930	2253	465 Extension for reply within third month	
1254 1,450	2254	725 Extension for reply within fourth month	
1255 1,970	2255	985 Extension for reply within fifth month	
1401 320	2401	160 Notice of Appeal	
1402 320	2402	160 Filing a brief in support of an appeal	
1403 280	2403	140 Request for oral hearing	
1451 1,510	1451	1,510 Petition to institute a public use proceeding	
1452 110	2452	55 Petition to revive - unavoidable	
1453 1,300	2453	650 Petition to revive - unintentional	
1501 1,300	2501	650 Utility issue fee (or reissue)	
1502 470	2502	235 Design issue fee	
1503 630	2503	315 Plant issue fee	
1460 130	1460	130 Petitions to the Commissioner	
1807 50	1807	50 Processing fee under 37 CFR 1.17(q)	
1806 180	1806	180 Submission of Information Disclosure Stmt.	
8021 40	8021	40 Recording each patent assignment per property (times no. of properties) - total assignments 2	80
1809 750	2809	375 Filing a submission after final rejection (37 C.F.R. 1.129(a))	
1810 750	2810	375 For each additional invention to be examined (37 CFR 1.129(b))	
1801 750	2801	375 Request for Continued Examination (RCE)	
1802 900	1802	900 Request for expedited examination of a design application	
Other fee (specify)			
* Reduced by Basic Filing Fee Paid		SUBTOTAL (3)	
			\$80

SUBMITTED BY

Complete (if applicable)

Name (print type)	Timothy A. Long	Registration No.	28,876	Telephone	(503) 227-5631
Signature				Date	January 29, 2004

CERTIFICATE OF MAILING

BY "EXPRESS MAIL"

Express Mail No.: EL 307269665 US
Date of Deposit: January 29, 2004
Title: A MEDICAL DEVICE HAVING A SMOOTH, HARDENED SURFACE
Applicant: Dunsmore

I hereby certify that a Utility Patent Application, including Specification (15 pages), with: (1) Fee Transmittal (in duplicate); (2) Utility Patent Application Transmittal; (3) 2 Declarations; (4) 2 Powers of Attorney; (5) 2 Assignments, together with Recordal Cover Sheets; (6) 6 sheets of drawings (FIGs. 1-7), (7) Information Disclosure Statement pursuant to 37 CFR §1.56 together with Form PTO-1449 including 1 citation; (8) check in the sum of \$1,022 for the filing and recordation fees; and (9) acknowledgment postcard, are being deposited with the United States Postal Service "Express Mail to Addressee" on the date indicated above and is addressed to:
Mail Stoip Patent Application, Commissioner for Patents, P.O. Box 1450,
Alexandria, VA 22313-1450.



Dwight Bergdolt-Moody